



# Bending Bodhi School of Yoga 2020 YTT Application

**Name:**

**Email:**

**Phone:**

1. How long have you been practicing yoga? What styles interest you most?

2. Describe your current yoga and meditation practice.

3. Why do you want to do this training?

4. Can you commit to the attendance, homework, and financial commitment of this training outlined in the program description? If you have conflicts please describe them.



5. Do you have any medical conditions, dietary restrictions, allergies, or injuries we should know about?

6. Please list any other mind body modalities that you are certified in.



Bending Bodhi School of Yoga-10 Franklin Plaza Dover,NH